FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:



07049249

Name of Offering (check if this is an amendment and name has changed, and indicate change.) 2007 Warrants of Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6) Type of Filing: New Filing Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	/ APR 0 6 2007
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	P
Juno Rising, Inc.	THOMSON
Address of Executive Offices (Number and Street, City, State, Zip Code) 1 Mill Street, Suite 203, Burlington, VT 05401	Telephone Number (Inchunig Alea Code) (802) 862–3351
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Clothing Manufacturer	FINEIVED
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed	olease specify): APR 0 3 2007
Actual or Estimated Date of Incorporation or Organization: OTT FIELD X Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (77d(6)).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manuall photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

		A. BASIC II	DENTIFICATION DATA		
2. Enter the information re	quested for the fo	ollowing:			
 Each promoter of t 	he issuer, if the is	ssuer has been organized	within the past five years;		
 Each beneficial ow 	ner having the pov	wer to vote or dispose, or	direct the vote or dispositio	n of, 10% or more o	of a class of equity securities of the issue
• Each executive off	icer and director (of corporate issuers and o	of corporate general and m	anaging partners of	f partnership issuers; and
, • Each general and r	nanaging partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
·	,				
Business or Residence Addre	, Carolyn	1 Creat City State 7in	Code		
		Suite 203, Bur		5403	
Check Box(es) that Apply:	Promoter	Beneficial Owner	r X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Gall	f individual) , Penelope	!			
Business or Residence Addre					
1 M	ill Street	, Suite 203,	Burlington, VT	05401	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Walkerma	findividual) an, Betsy				
Business or Residence Addre 1 Mill S	ss (Number and treet, Sui	Street, City, State, Zip (te 203, Burli	Code) ngton, VT 0540	01	· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			<u> </u>	
Business or Residence Addre					
Check Box(es) that Apply:	Promoter	K Beneficial Owner	Executive Officer	☐ Director	General and/or
		Denoticial Owner			Managing Partner
Full Name (Last name first, i	•				
		res,Fund, LLC			
Business or Residence Addre	ss (Number and	Street, City, State, Zip (Code)		
2 Portla	<u>nd Fish Pi</u>	er, Portland,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip (Code)	,	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			·	
Business or Residence Addre	ss (Number and	Street, City, State, Zip (Code)		
					
•	(Use bla	ink sheet, or copy and us	e additional copies of this	sheet, as necessary	r)

					B., I	NFORMAT	ION ABOU	T OFFERI	NG	All the second			
1.									Yes	No <u> T</u>			
ז	Answer also in Appendix, Column 2, if filing under ULOE.								24,988				
۷.	2. What is the minimum investment that will be accepted from any individual?							***************************************	Yes	No			
3.			permit join										XX
4.	commis If a pers or states	ssion or sim son to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age caler. If me	of purchas ent of a brok ore than fiv	ers in conne cer or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	irectly, any he offering, with a state ons of such		
	l Name (N/A	Last name	first, if ind	ividual)									
		Residence	Address (N	lumber and	d Street, C	ity, State, 2	Lip Code)	Y					
													
Nar	me of As: N/A	sociated Br	oker or De	aler									
Sta	tes in Wi	iich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	****					
	(Check	"All States	s" or check	individual	States)		•••••					All States	
	AL IL MT	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)				·		
					 .								
Nar	me of Ass	sociated Br	oker or De	aler									
Sta			Listed Has							- un			
	(Check	"All States	or check	individual	States)	14*************			14****	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ All	States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)		;							
Bus	siness or	Residence	Address (1	Vumber an	d Street, C	Sity, State,	Zip Code)						
Nar	me of Ass	sociated Br	oker or De	aler									
Stat	tes in Wh	rich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
	AL	[AK]	AZ	ĀR	CA	·CO	[CT]	DE	DC	FL	GA	HI	ID. ·
	IL MT .	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	s	S
	Convertible Securities (including warrants)	567002.50	c 56,002.50
	Partnership Interests		
	Other (Specify)	<u></u> د58 م02 50	s 56 002 50
	Total	\$30,002.30	3 30.4002.30
_	Answer also in Appendix, Column 3, if filing under ULOE.	•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors 2	Dollar Amount of Purchases
	Accredited Investors		s 56,002.50
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	****	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		\$
	Total		<u>\$_0.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		λ.
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		<u>s_1,000</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		s () 1,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted grophoceeds to the issuer."	oss	s_55,002.50
5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used to each of the purposes shown. If the amount for any purpose is not known, furnish an estimate a check the box to the left of the estimate. The total of the payments listed must equal the adjusted group proceeds to the issuer set forth in response to Part C — Question 4.b above.	nd -	
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	🗀 \$	_ 🗆 \$
Purchase of real estate	🔲 \$	\$
Purchase, rental or leasing and installation of machinery and equipment	🗌 \$	
Construction or leasing of plant buildings and facilities	🗆 \$	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
Repayment of indebtedness	_	
Working capital Other (specify):	_	s
	[] \$	_ []\$
Column Totals		
Total Payments Listed (column totals added)		
D. FEDERAL SIGNATURE		. 1
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Committee information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) or	nission, upon writte	
ssuer (Print or Type) Signature	Date /	4
Jūno Rising, Inc. (anolo-Cooke	3/28/0	7
Name of Signer (Print or Type) Title of Signer (Print or Type)		
Carolyn E. Cooke President		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)